

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

In re:

KEITH GORMAN,  
Debtor

Bk. No. 22-10563-BAH  
Chapter 11

**AMENDMENT COVER SHEET**

An amendment to the following petition, lists, schedules or statements is transmitted herewith:

Voluntary petition  
 Statement About Your Social Security Number<sup>1</sup>  
 Statement of Financial Affairs  
 Schedule A/B – Property<sup>2</sup>  
 Schedule C - Property Claimed as Exempt  
 Schedule D – Creditors Who Have Claims Secured by Property<sup>2,3</sup>  
 Schedule E/F – Creditors Who Have Unsecured Claims<sup>2,3</sup>  
 Schedule G - Executory Contracts and Unexpired Leases  
 Schedule H - Co-Debtors  
 Schedule I – Your Income<sup>2,4</sup>  
 Schedule J – Your Expenses<sup>2,4</sup>  
 Form 122A-1 (Chapter 7 Statement of Your Current Monthly Income)<sup>2</sup>  
 Form 122A-1Supp (Statement of Exemption from Presumption of Abuse Under § 707(b)(2))  
 Form 122A-2 (Means Test Calculation)  
 Form 122B (Chapter 11 Statement of Your Current Monthly Income)<sup>2</sup>  
 Form 122C-1 (Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period)<sup>2</sup>  
 Form 122C-2 (Chapter 13 Calculation of Your Disposable Income)  
 Summary of Assets and Liabilities  
 List of Creditors<sup>3</sup>  
 Statement of Intention for Individuals Filing Under Chapter 7  
 List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders in Chapter 9 or 11 Cases  
 Disclosure of Compensation of Attorney for Debtor  
 Other [Please specify: \_\_\_\_\_]

In connection with the filing of this amendment, I acknowledge that I have read and understood the terms of *LBR 1009-1*.

Dated: June 7, 2023

/s/ William S. Gannon

William S. Gannon, BNH 01222

Attorney for:

**KEITH GORMAN**

William S. Gannon, PLLC

740 Chestnut Street

Manchester, NH 03104

Tel. No. 603-621-0833

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<sup>1</sup> Amendment of the debtor's Social Security number requires that an amended *LBF 5005-4* or Official Bankruptcy Form 121 — Statement About Your Social Security Numbers be submitted to the clerk's office, in addition to the filing of the amendment. The amendment must comply with the final four-digit Social Security number requirement of Bankruptcy Rule 1005, while the copy mailed to affected parties must list the complete Social Security number.

<sup>2</sup> Attach Summary of Assets and Liabilities.

<sup>3</sup> Fee submitted for Amendment to Schedules D, E/F or the List of Creditors. *No fee is required to change the address of a creditor or to add the name and address of an attorney for a listed creditor.*

<sup>4</sup> Any amendment to Schedule I requires an amendment to Schedule J. Schedule I must always be filed with any amendment to Schedule J.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

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In re:

CHAPTER 11

**KEITH GORMAN**

Case No. 22-10563-BAH

Debtor

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**DEBTOR'S NOTICE OF AMENDMENT TO  
SCHEDULE E/F AND MAILING MATRIX**

The debtor, **Keith Gorman** (the “Debtor”) hereby amends Schedule F and the Creditor Mailing Matrix as follows:

**SCHEDULE F** (see attached Amended Schedule E/F and Amended Summary of Assets and Liabilities for Non-Individuals):

**Amended to ADD the following Creditor's Contingent/Unliquidated/Disputed Nonpriority Unsecured Claim:**

<b>Creditor Name</b>	<b>Amount</b>
Massachusetts ENT Associates 321 Billerica Rd, Suite 202 Chelmsford, MA 01824	\$1,323.00

**CREDITOR MAILING MATRIX:**

**Amended to ADD the following Creditor's mailing address and additional notice addresses:**

Massachusetts ENT Associates  
321 Billerica Rd, Suite 202  
Chelmsford, MA 01824

Respectfully Submitted,

Keith Gorman

Dated: June 6, 2023

/s/ Keith Gorman  
Keith Gorman

~ and ~

Dated: June 7, 2023

/s/ William S. Gannon  
William S. Gannon (BNH 01222)

Counsel to:

**KEITH GORMAN**

WILLIAM S. GANNON PLLC  
740 Chestnut Street  
Manchester, NH 03104  
PH: 603-621-0833  
FX: 603-621-0830  
bgannon@gannonlawfirm.com

**CERTIFICATE OF SERVICE**

I hereby certify that on this date I served the foregoing notice of amendment on all persons and entities named on the CM/ECF Electronic Service List by causing it to be filed electronically via the CM/ECF filing system.

DATED: June 7, 2023

/s/ Beth E. Venuti  
Beth E. Venuti, Paralegal

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE**

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In re:

**CHAPTER 11**

**KEITH GORMAN**

Case No. 22-10563-BAH

Debtor

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**VERIFICATION OF SUPPLEMENT TO CREDITOR MAILING LIST**

The above named debtor hereby certifies under penalty of perjury that the attached supplement to the master mailing list of creditors consisting of one (1) page is complete, correct and consistent with the debtor's schedules pursuant to LBRs and assumes all responsibility for errors and omissions.

Respectfully Submitted,

Keith Gorman

Dated: June 6, 2023

/s/ Keith Gorman  
Keith Gorman  
167 Clement Road  
Pelham, NH 03076

**SUPPLEMENT TO CREDITOR MAILING LIST**

Massachusetts ENT Associates  
321 Billerica Rd, Suite 202  
Chelmsford, MA 01824

Fill in this information to identify your case:

Debtor 1	<b>Keith Gorman</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW HAMPSHIRE</u>			
Case number (if known)	<u>22-10563</u>		

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Bank of America</b> Nonpriority Creditor's Name <b>P.O. Box 15019</b> <b>Wilmington, DE 19886-5019</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>6205</u> <span style="float: right;"><u>\$9,009.76</u></span>
	When was the debt incurred? <u>8/16/22</u>	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	

Debtor 1 **Keith Gorman**

Case number (if known)

**22-10563**

4.2	<b>Capital One Platinum</b> Nonpriority Creditor's Name <b>P.O. Box 71087</b> <b>Charlotte, NC 28272-1087</b> Number Street City State Zip Code	Last 4 digits of account number <b>card,qstd</b>	\$11,500.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>7/6/21</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	
4.3	<b>Capital One Quicksilver</b> Nonpriority Creditor's Name <b>P.O. Box 71083</b> <b>Charlotte, NC 28272-1083</b> Number Street City State Zip Code	Last 4 digits of account number <b>8466</b>	\$10,000.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>6/6/22</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	
4.4	<b>Citibank Mastercard</b> Nonpriority Creditor's Name <b>P.O. Box 78045</b> <b>Phoenix, AZ 85062-8019</b> Number Street City State Zip Code	Last 4 digits of account number <b>7420</b>	\$11,500.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>11/1/22</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

Debtor 1 **Keith Gorman**

Case number (if known)

**22-10563**

4.5	<b>Continental Finance Co., LLC</b> Nonpriority Creditor's Name <b>P.O. Box 3220</b> <b>Buffalo, NY 14240</b> Number Street City State Zip Code	Last 4 digits of account number <b>3504</b>	\$500.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
<b>Discover</b> Nonpriority Creditor's Name <b>P.O. Box 70176</b> <b>Philadelphia, PA 19176-0176</b> Number Street City State Zip Code			
Last 4 digits of account number <b>0481</b> <span style="float: right;">\$8,000.00</span>			
When was the debt incurred? <b>10/1/22</b>			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
<b>Freedom Unlimited Chase Visa</b> Nonpriority Creditor's Name <b>Chase Card Services</b> <b>201 North Walnut St</b> <b>Sweet DE1-0153</b> <b>Wilmington, DE 19801</b> Number Street City State Zip Code			
Last 4 digits of account number <b>9354</b> <span style="float: right;">\$1,700.00</span>			
When was the debt incurred? <b>11/1/22</b>			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			

Debtor 1 **Keith Gorman**

Case number (if known)

**22-10563**

4.8	<b>Massachusetts ENT Associates</b> Nonpriority Creditor's Name <b>321 N+Billerica Rd, Suite 202 Chelmsford, MA 01824</b> Number Street City State Zip Code	Last 4 digits of account number <b>8198</b>	\$1,323.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b>			
4.9	<b>Newhall St Realty Trust</b> Nonpriority Creditor's Name <b>5 Riverview Hill Essex, MA 01929</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$807,000.00</b>
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Guaranty of three (3) Construction Loans</b>			
4.1 0	<b>On Deck Capital, Inc.</b> Nonpriority Creditor's Name <b>1400 Broadway, 25th Floor New York, NY 10018</b> Number Street City State Zip Code	Last 4 digits of account number <b>9132</b>	<b>\$49,799.88</b>
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Guaranty of Business Loan</b>			

Debtor 1 **Keith Gorman**

Case number (if known)

**22-10563**4.1  
1**Prosper Cards**

Nonpriority Creditor's Name

**P.O. Box 650078****Dallas, TX 75265-0078**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**9628****\$1,100.00**

When was the debt incurred?

**11/11/22**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Credit Card**4.1  
2**Saturn Encore Funding**

Nonpriority Creditor's Name

**c/o Israel Weinstein, Esq.****499 Chestnut St, Suite 213****Cedarhurst, NY 11516**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**2021****\$107,655.00**

When was the debt incurred?

**2/28/2020**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Guaranty of Business Loan**4.1  
3**Silva Bros Investments**

Nonpriority Creditor's Name

**c/o Kimberly Curran****850 Chelmsford St****Lowell, MA 01851**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**830****\$258,000.00**

When was the debt incurred?

**1/22/2020**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Guaranty of Construction Loan**

Debtor 1 Keith Gorman

Case number (if known)

22-105634.1  
4**US Bank Visa**

Nonpriority Creditor's Name

**P.O. Box 790408****Saint Louis, MO 63179-0408**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

8721\$10,000.00

When was the debt incurred?

10/14/22

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Teal A. Hinga, Esq.****Zwicker & Associates, P.C.****6 Montgomery Village Avenue, Suite****505****Gaithersburg, MD 20879**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ 0.00

6e. Total Priority. Add lines 6a through 6d.

6e. \$ 0.00

Total claims from Part 2

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ 1,287,087.64

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 1,287,087.64

## Fill in this information to identify your case:

Debtor 1	<b>Keith Gorman</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW HAMPSHIRE</u>			
Case number (if known)	<u>22-10563</u>		

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

<b>Your assets</b> Value of what you own	
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <u>794,500.00</u>
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>794,500.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>1,236,054.00</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <u>2,030,554.00</u>

**Part 2: Summarize Your Liabilities**

<b>Your liabilities</b> Amount you owe	
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <u>983,045.00</u>
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>983,045.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <u>0.00</u>
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>1,287,087.64</u>
<b>Your total liabilities</b>	<b>\$ <u>2,270,132.64</u></b>

**Part 3: Summarize Your Income and Expenses**

4. <b>Schedule I: Your Income</b> (Official Form 106I)	\$ <u>0.00</u>
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>0.00</u>
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <u>5,317.07</u>
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>5,317.07</u>

**Part 4: Answer These Questions for Administrative and Statistical Records**

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Keith Gorman**Case number (if known) **22-10563**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	_____
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

<b>From Part 4 on Schedule E/F, copy the following:</b>	<b>Total claim</b>
9a. Domestic support obligations (Copy line 6a.)	\$ _____
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ _____
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ _____
9d. Student loans. (Copy line 6f.)	\$ _____
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ _____
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ _____
<b>9g. Total.</b> Add lines 9a through 9f.	\$ _____